2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State
02-24-2000 90045 022 ***150.00

DOCUMENT # F96000004106

1. Entity Name

DA CAPO AL FINE, LTD., CORP.

Principal Place of Business	Mailing Address
P O BOX 222 COLD SPRING NY 10516 US	P O BOX 222 COLD SPRING NY 10516-0222 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-2607017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEITZ, HOWARD G ESQ . 11392 TURTLE BEACH RD. LOST TREE VILLAGE NORTH PALM BEACH FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC CABOT, FRANCIS H 81 MAIN ST. COLD SPRING NY 10516	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CABOT, FRANCIS H. 2 WEST STREET #1N COLD SPRING, NY 10516	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GORDON, MARGARET 81 MAIN ST. COLD SPRING NY 10516	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GORDON, MARGARET 2 WEST STREET #1N COLD SPRING, NY 10516	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SEITZ, HOWARD G 230 PARK AVE., #1567 NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABOT, F C 7097 SANBORN ROAD COUPON NH 03301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Howard G Seitz 2/7/00 212 687-6950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice PRESIDENT / Director